Terminal Operator Monthly Report

This report is due ▶ 1. Company Name and Mailing Address		▶ 2. Account I	▶ 2. Account Number (FEIN or TR)			▶ 3. Report Period (MM/CCYY)	
		,					
		4. Contact F	Person Name				
		5. Telephon	e Number		6. Fax Number	r	
		7. E-mail Ac	ddress				
▶ 8. Terminal Control Number (TCN)	9. Location of	9. Location of Terminal (City and State)					
This report must be filed by all terminal	Net Gallons - Report Whole Gallons Only						
operators. A separate report and	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	
schedules must be filed for each IRS-approved terminal.	Gasoline	Aviation Gasoline	Jet Fuel	Undyed Diesel Fuel	Dyed Diesel Fuel	Other Products	
See page 2 for instructions.							
10. Beginning Inventory (Michigan terminals only)							
11. Total Receipts (Schedule 2A)							
(Michigan terminals only)							
12. Total Gallons Available. (Michigan							
terminals only) Add lines 10 and 11.							
13. Total Disbursements (Schedule 4A)							
14. Computed Ending Inventory.							
(Michigan terminals only)							
Subtract line 13 from line 12.							
15. Actual Physical Ending Inventory							
(Michigan terminals only)							
16. Gains & (Losses). (Michigan terminals							
only) Subtract line 15 from line 14.							
I declare, under penalty of perjury, that the informa	tion in this report and atta	chments is true and co	emplete to the best of my	knowledge.			
▶ ☐ I authorize Treasury to discuss my return and	attachments with my pre	parer.	Do not discuss my re	eturn with my preparer.			
▶ Authorized Signature			Signature of Preparer			arer FEIN	
Printed Name Date			Printed Name			Date	
Title Telephone Number		r	Address			Telephone Number	

MAIL REPORT TO: Michigan Department of Treasury, Customer Contact Division, Special Taxes, Lansing, Michigan 48922

3716, Page 2 100-TOR

Instructions for Completing Form 3716 Terminal Operator Monthly Report

This report must be filed by the 20th day of the month following the end of the report period by all IRS-approved terminal operators or terminals in Michigan and out-of-state terminals who disburse fuel with a Michigan destination. A separate report must be filed for each terminal.

LINE-BY-LINE INSTRUCTIONS (Lines not listed below are explained on the form.)

Terminals located outside of Michigan, enter only disbursements made with a Michigan destination (Line 13).

- **Line 1.** Indicate changes to the company name and address by crossing out incorrect information and entering correct information.
- Line 3. Enter the report period (example 06/2001 or June 2001).
- **Lines 4-7.** Enter the name, phone number, fax number, and e-mail address of the individual who may be contacted for questions.
- **Line 8.** Enter the IRS Terminal Control Number. A separate report and schedules must be completed for each terminal.
- **Line 9.** Enter the city and state of the physical location of the terminal.

TRANSACTIONS FOR THE MONTH. Enter the inventory amounts for each column in **net gallons**.

Products not identified in Columns 1 through 5 must be reported in Column 6, Other Products.

Line 10: Beginning Inventory. Enter the Actual Physical Ending Inventory from line 15 of the previous month's report.

Line 11: Total Receipts. Enter the total from all schedules 2A by Product Type.

Line 13: Total Disbursements. Enter the total from all schedules 4A by Product Type.

Line 15: Actual Physical Ending Inventory (Michigan Terminals Only). Enter the physical inventory taken at the terminal at the end of the reporting period.

COLUMN 6, OTHER PRODUCTS.

When reporting only one "Other Product" not identified in columns 1-6 on page 1, enter the appropriate Product Code (PC) in the column title of Column 6.

Product Codes (PC)

<u>Gasoline</u>	<u>Diesel Fuel</u>
065 - Gasoline	160 - Undyed Diesel
124 - Gasohol	228 - Dyed Diesel
241 - Ethanol	142 - Undyed Kerosene
243 - Methanol	072 - Dyed Kerosene
122 - Transmix	Other
Other	
<u>Aviation</u>	<u>Miscellaneous</u>
125 - Aviation Gasoline	054 - LPG
130 - Jet Fuel	Other
Other	